

TRAVIS COUNTY MEDICAL EXAMINER



J. KEITH PINCKARD, MD, PhD D-ABP, F-ABMDI CHIEF MEDICAL EXAMINER

MEDICAL EXAMINER REPORT

WILLIAM JOHN MILLER II

ME 23-05542

A postmortem examination was performed by J. Keith Pinckard, MD, PhD, Chief Medical Examiner, beginning at 0915 hours on September 16, 2023 at the Travis County Medical Examiner's Office, Austin, Texas.

Other persons present: None.

DECLARATION

The death of WILLIAM JOHN MILLER II was investigated by the Travis County Medical Examiner's Office under the statutory authority of the Travis County Medical Examiner.

I, J. Keith Pinckard, MD, PhD, a board certified anatomic, clinical, and forensic pathologist licensed to practice medicine in the State of Texas, do declare that I personally performed or supervised the tasks described in this Medical Examiner Report. It is only after careful consideration of all the data available to me at the time this report was finalized that I attest to the diagnoses and opinions stated herein.

Numerous photographs were obtained along the course of the examination. I have personally reviewed those photographs and attest that they are representative of findings reported in this document.

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CAUSE OF DEATH STATEMENT

CAUSE OF DEATH			
GUNSHOT WOUND O	F HEAD		
MANNER OF DEATH			
SUICIDE			

J. KEITH PINCKARD, MD, PHD

Chief Medical Examiner

11.14.2023

Date

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SUMMARY AND OPINION

According to reports, this 43-year-old man with a history of bipolar disorder and depression was found deceased in the bathtub of his residence with an apparent gunshot wound of the head. Emergency medical services responded and he was pronounced dead at the scene. Multiple letters indicating suicidal intent and instructions for others were found at the scene. A revolver chambered for .410 shotgun shells was found in the decedent's right hand.

Autopsy demonstrated a contact range, perforating gunshot wound of the head. The entrance was on the frontal scalp and the exit was on the occipital scalp. There were extensive associated injuries of the cranium and brain. No projectiles or fragments were recovered.

Postmortem toxicology testing demonstrated the presence of ethanol, cocaine and its metabolites, diphenhydramine, and amphetamine (see separate report).

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EXTERNAL EXAMINATION

Body length (inches, cm):69175.3Body weight (pounds, kg):18885.2Body mass index (kg/m²):27.7

Development: Well-developed Stature: Well-nourished

Age: Appears to be stated age

Anasarca: Not present

Edema localized: Not present

Evidence of dehydration: Not present

Skin: 1. See Evidence of Injuries

Indented round gray area of patterned discoloration on the hypothenar aspect of the right palm (does not wipe away)

3. Black discoloration on lateral left index finger and anterior left palm near base of index finger (wipes away)

Scalp hair length: Medium

Scalp hair color: Brown and gray

Eyes: Both eyes present

Irides: Blue

Corneas: Translucent
Sclera/bulbar conjunctivae: White

Palpebral conjunctivae:TranslucentFacial petechiae:Not present

Nose:

Normally formed

Lips:

Normally formed

Normally formed

Mustache and beard

Facial hair color: Brown and gray

Maxillary dentition:NaturalMandibular dentition:NaturalCondition of dentition:Good

Neck: Unremarkable

Trachea midline: Yes

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Chest development: Normal
Chest symmetrical: Yes

Chest diameter: Appropriate

Abdomen: Flat

Anus: Unremarkable
Back: Unremarkable
Spine: Unremarkable

External genitalia: Male
Breast development: None
Breast masses: None
Right hand digits complete: Yes
Left hand digits complete: Yes
Right foot digits complete: Yes
Left foot digits complete: Yes

Extremities: Well-developed and symmetrical

Muscle group atrophy:Not presentSenile purpura:Not presentPitting edema:Not present

Tattoos: None identified

Cosmetic piercing: Left earlobe

Scars: None identified

Other: The hands are observed to be covered with paper bags.

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POSTMORTEM CHANGES

Body temperature: Cool subsequent to refrigeration

Rigor mortis: Fully fixed

Livor mortis – color: Purple

Livor mortis – fixation: Fully fixed

Livor mortis – position: Posterior

State of preservation: No decomposition

Funerary Preparation(s): None

Organ/tissue procurement: None

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MEDICAL INTERVENTION

Evidence of medical intervention: None

Injuries related to resuscitative attempts: None



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EVIDENCE OF INJURIES

The body is described in the Standard Anatomic Position. Reference is to this position only.

GUNSHOT WOUND:

ENTRANCE

Location: centered 6 cm inferior to the top of the head, in the midline

Defect: stellate laceration measuring 18 x 10 cm in greatest dimension; when margins are reapproximated, a roughly round defect becomes apparent, deep to which are fractured pieces of frontal bone exhibiting curved margins and soot deposition

Soot: focally on wound margins, within wound, and on fractured pieces of bone

Stippling: none
Muzzle imprint: none

PATHWAY

Frontal bone, brain (with extensive lacerations), and left occipital bone, to exit occipital scalp

RECOVERY

None

EXIT

Occipital scalp

Location: 12 cm inferior to the top of the head, in the midline Defect: 3 cm stellate defect; margins easily reapproximate

ASSOCIATED INJURIES

- 1. Bilateral purple periorbital ecchymosis
- 2. Laceration at medial aspect of left orbit
- 3. Focal subgaleal hemorrhage
- 4. Comminuted fracturing of cranium and base of skull
- 5. Exit fracture in occipital bone, with smooth inner table, beveled outer table, and fragments of bone directed externally
- 6. Thin film of subdural hemorrhage
- 7. Diffuse subarachnoid hemorrhage

TRAJECTORY

Front to back and slightly downward, without significant deviation rightward or leftward

RANGE OF FIRE

Contact

CLOTHING

None involved

Punctate abrasions consistent with stippling are on the posterior thumb and forefinger regions of the left hand.

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IMAGING/RADIOLOGY

A postmortem computed tomography (CT) scan was performed. Findings of forensic significance include:

- 1. Comminuted fracturing of cranium
- 2. Round fracture with external beveling of occipital bone
- 3. Pneumocephaly and pneumorrhachis
- 4. Minute radio-opaque fragments within cranial cavity



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INTERNAL EXAMINATION

BODY CAVITIES

Chest cavities examined:

Abdominal cavity examined:

Yes

See Evidence of Injuries:

No

See Medical Intervention:

No

See Postmortem Changes:

No

Serosal surfaces: Smooth and glistening

Body cavity adhesions:

None present

Fluid accumulation present:

None present

HEAD

Brain examined: Yes
See Evidence of Injuries: Yes
See Medical Intervention: No
See Postmortem Changes: No

Brain weight fresh (g): 1120

Reflected scalp and temporalis muscles

See Evidence of Injuries

See Evidence of Injuries

Calvarium:

See Evidence of Injuries

Skull base:

See Evidence of Injuries

See Evidence of Injuries

See Evidence of Injuries

See Evidence of Injuries

Dural venous sinuses: Patent

Leptomeninges: Thin and transparent

Epidural hemorrhages/hematomas: Absent

Subdural hemorrhages/hematomas:See Evidence of InjuriesSubarachnoid hemorrhages:See Evidence of InjuriesCerebral hemispheres:Cannot be assessed

Gyral and sulcal patterns: Unremarkable

Gyral convolutions and sulci: No widening or flattening of gyri and no narrowing of sulci

Uncal processes:

Cerebellar tonsils:

Unremarkable

Cranial nerves: Cannot be assessed

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Basilar arterial vasculature: Cannot be assessed

Cerebral cortex: Unremarkable
White matter: Unremarkable

Corpus Callosum: Cannot be assessed

Deep gray matter structures:

Brainstem:

Unremarkable

Cerebellum:

Unremarkable

Other comments: None

Spinal Cord

Spinal cord examined: No

Spinal dura: Not examined
Spinal cord: Not examined

Other comments: None

Middle Ears

Middle ears examined: No

Tympanic membranes: Not examined

Contents of ear canals: Not examined

Other comments: None

NECK

Neck examined:YesSee Evidence of Injuries:NoSee Medical Intervention:NoSee Postmortem Changes:No

Subcutaneous soft tissues: Unremarkable Strap muscles: Unremarkable Jugular veins: Unremarkable Carotid arteries: Unremarkable Tongue: Unremarkable **Epiglottis:** Unremarkable Hyoid bone: Unremarkable Larynx: Unremarkable Palatine tonsils: Not examined

Other comments: None

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CARDIOVASCULAR SYSTEM

Heart examined: Yes
See Evidence of Injuries: No
See Medical Intervention: No
See Postmortem Changes: No

Heart

Heart weight fresh (g): 440

Right coronary ostium position: Normal

Left coronary ostium position: Normal

Supply of the posterior myocardium: Right coronary artery

Coronary artery stenosis: Right coronary ostium ~ <25%

Right coronary artery \sim <25% Left coronary ostium \sim <25%

Left mainstem coronary artery ~ <25%

Left anterior descending coronary artery ~ <25%

Left circumflex coronary artery ~ <25%

Cardiac chambers: Unremarkable

Tricuspid valve:

Pulmonic valve:

Unremarkable

Unremarkable

Mitral valve:

Unremarkable

Unremarkable

Right ventricular myocardium: No fibrosis, erythema, pathologic infiltration of adipose tissue or

areas of accentuated softening or induration

Left ventricular myocardium: No fibrosis, erythema, or areas of accentuated softening or

induration

Atrial septum: Unremarkable Ventricular septum: Unremarkable

Right ventricle free wall thickness (cm): 0.5

Left ventricle free wall thickness (cm): 1.7

Interventricular septal thickness (cm): 1.6

Other comments: None

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Aorta

Aorta and major tributaries examined: Yes

Orifices of the major vascular branches: Patent

Coarctation:Not presentVascular dissection:Not presentAneurysm formation:Not presentAortic atherosclerosis:Not presentOther aortic pathology:Not present

Other comments: None

Vena Cava

Great vessels examined: Yes

Vena cava and major tributaries: Patent

RESPIRATORY SYSTEM

Lungs examined:YesSee Evidence of Injuries:NoSee Medical Intervention:NoSee Postmortem Changes:No

Right lung weight (g): 460
Left lung weight (g): 420

Upper and lower airways: Unobstructed and the mucosal surfaces are smooth and yellow-tan

Pulmonary parenchyma color: Dark red-purple

Pulmonary congestion and edema: Slight amounts of blood and frothy fluid

Carbonaceous pigment: Not present
Emphysematous changes: Not present

Pulmonary trunk: Free of thromboemboli

Pulmonary artery atherosclerosis: None
Other comments: None

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HEPATOBILIARY SYSTEM

Liver examined: Yes

See Evidence of Injuries: No

See Medical Intervention: No

See Postmortem Changes: No

Liver weight (g): 2280 Bile volume (mL): 5

Hepatic parenchyma (color): Tan

Hepatic parenchyma (texture): Unremarkable

Hepatic vasculature: Unremarkable and free of thrombus

Gallbladder: Unremarkable

Gallstones: No

Biliary tree: Unremarkable

Other comments: None

GASTROINTESTINAL SYSTEM

Alimentary tract examined: Yes

See Evidence of Injuries: No

See Medical Intervention: No

See Postmortem Changes: No

Stomach contents volume (mL): ~100

Stomach contents description: Partially digested food

Appendix: Unremarkable

Esophagus

Course: Normal course without fistulae

Mucosa: Gray-white, smooth and without lesions

Other comments: None

Stomach

Mucosa: Autolyzed

Pylorus: Patent and without muscular hypertrophy

Other comments: None

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Small Intestine

Luminal contents: Partially digested food

Mucosa: Duodenal mucosa unremarkable; remaining bowel mucosa not

examined

Caliber and continuity: Appropriate caliber without interruption of luminal continuity

Other comments: None

Colon

Luminal contents: Formed stool

Mucosa: Rectal mucosa unremarkable; remaining colonic mucosa not

examined

Caliber and continuity: Appropriate caliber without interruption of luminal continuity

Other comments: None

Pancreas

Form: Normal tan, lobulated appearance

Other comments: None

GENITOURINARY SYSTEM

Genitourinary system examined: Yes
See Evidence of Injuries: No
See Medical Intervention: No

See Postmortem Changes: No

Kidneys

Right kidney weight (g): 240 Left kidney weight (g): 240

Kidney capsules: Thin, semitransparent

Cortical surfaces: Smooth

Cortices: Normal thickness and well demarcated from the medullary pyramids

Calyces, pelves, and ureters: Non-dilated and free of stones and masses

Other comments: None

Urinary bladder

Urine volume (mL): ~100

Urine description: Clear yellow

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Urinary bladder mucosa: Gray-tan and smooth

Other comments: None

Male

Testicle location: Scrotal

Testicle size:
Not removed
Testicle consistency:
Not removed
Prostate gland size:
Unremarkable
Prostate gland consistency:
Homogeneous

Other comments: None

RETICULOENDOTHELIAL SYSTEM

Reticuloendothelial system examined: Yes
See Evidence of Injuries: No
See Medical Intervention: No
See Postmortem Changes: No

Spleen

Spleen weight (g): 200

Spleen parenchyma: Moderately firm

Spleen capsule: Intact

Bone Marrow

Color: Red-brown, homogeneous and ample

Other comments: None

Lymph nodes

Regional adenopathy: No adenopathy

Other comments: None

Thymus

Thymus weight (g): Not applicable

Parenchyma: Absent
Other comments: None

ENDOCRINE SYSTEM

Endocrine system examined: Yes

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See Evidence of Injuries:NoSee Medical Intervention:NoSee Postmortem Changes:No

Pituitary gland

Size: Not examined

Other comments: None

Thyroid gland

Thyroid gland position:

Thyroid gland size:

Normal

Thyroid gland parenchyma:

Normal

Other comments:

None

Adrenal glands

Adrenal gland size: Normal

Adrenal gland parenchyma: Yellow cortices and gray medullae with the expected

corticomedullary ratio

Other comments: None

MUSCULOSKELETAL SYSTEM

Musculoskeletal system examined: Yes
See Evidence of Injuries: Yes
See Medical Intervention: No
See Postmortem Changes: No

Bony framework: See Evidence of Injuries

Supporting musculature: Unremarkable

Subcutaneous soft tissues: See Evidence of Injuries

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MICROSCOPY

None performed



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PROCEDURAL NOTES

APPROACH TO AUTOPSY DISSECTION

Not performed

Not performed

Not performed

Rokitansky evisceration: Not performed Virchow evisceration: Performed Modified evisceration: Not performed Not performed Pericranial membrane removal: Anterior neck dissection: Not performed Posterior neck dissection: Not performed Facial dissection: Not performed Vertebral artery dissection (in situ): Not performed Cervical spine removal: Not performed Layered anterior trunk dissection: Not performed Anterolateral rib arc dissection: Not performed Back dissection: Not performed Posterior rib arc dissection: Not performed Extremity soft tissue dissection: Not performed Eye enucleation: Not performed Inner middle ear evaluation: Not performed Maxilla or mandible resection: Not performed

Spinal cord removal (anterior):

Spinal cord removal (posterior):

Other dissection(s):



TRAVIS COUNTY MEDICAL EXAMINER

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CHIEF MEDICAL EXAMINER

Toxicology Report

Case #: ME 23-05542

Name: Miller, William John
Pathologist: Dr. J. Keith Pinckard
Date Completed: 10/14/2023

Assay/Specimen	Substance	<u>Result</u>	<u>Units</u>	<u>Method</u>
ETHANOL/VOLAT	ILES			
Blood, femoral	Ethanol	0.08	% w/v	Headspace GC/FID
Vitreous	Ethanol	0.10	% w/v	Headspace GC/FID
IMMUNOASSAY				
Blood, femoral	Cannabinoid	ND		ELISA
STANDARD PANE	L			
Blood, femoral	Cocaine	<10	ng/mL	LC/MS/MS
Blood, femoral	Cocaethylene	<20	ng/mL	LC/MS/MS
Blood, femoral	Ecgonine Methyl Ester	<20	ng/mL	LC/MS/MS
Blood, femoral	Benzoylecgonine	110	ng/mL	LC/MS/MS
Blood, femoral	Diphenhydramine	140	ng/mL	LC/MS/MS
Blood, femoral	Amphetamine	<20	ng/mL	LC/MS/MS

ND = None Detected

UFA = Unsuitable for Analysis

Comment:

All cases, unless otherwise stated, are screened by Enzyme-Linked Immunosorbent Assay (ELISA) for the following compound classes: Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolite, Fentanyl, Opiates, Oxycodone/Oxymorphone, and Cannabinoid. ELISA is considered a presumptive test. Results are confirmed prior to reporting specific substance(s). Because a presumptive positive result for Cannabinoid is confirmed only in select cases, the ELISA result for Cannabinoid is included on the report for informative purposes, whether confirmed or not.

The Standard Panel consists, at a minimum, of analysis by Liquid Chromatography/Quadrupole Time of Flight-Mass Spectrometry (LC/QTOF-MS) for the following compound classes: Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, Central Nervous System Stimulants, Cocaine, Hallucinogens, Sedatives, Muscle Relaxants, Nonsteroidal Anti-inflammatory Agents, Opiates, and Opioids. Over 250 substances encompassing primarily over-the-counter, prescription, and illicit substances are screened. Not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. The detection of any specific analyte is concentration dependent. Positive results are listed with the corresponding method of confirmation. Depending on the circumstances of the case, not all detected substances are reported.

Chief/Deputy Chief Toxicologist

Medical Examine